

## STANDARD CERTIFICATE OF DEATH

42862

State File No. ....

10674

Registrar's No. ....

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. ....		Registrar's No. <b>10674</b>			
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			<b>2069</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>					d. STREET ADDRESS (If rural, give location) <b>5301 Page Ave. St. Ann's Home</b>						
3. NAME OF DECEASED (Type or Print) <b>SARAH</b>			a. (First)		b. (Middle)		c. (Last) <b>HENNEGHAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 13 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Aug. 15, 1872</b>		9. AGE (In years last birthday) <b>78</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ireland</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Patrick Henneghan</b>				13b. MOTHER'S MAIDEN NAME <b>Honora Mitchel</b>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Catherine Godfrey</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatous probably originating in uterus</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>	
19a. DATE OF OPERATION <b>20</b>		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>1174X</b>							
22. I hereby certify that I attended the deceased from <b>Dec 9, 1950</b> , to <b>Dec 13, 1950</b> , that I last saw the deceased alive on <b>Dec 13, 1950</b> , and that death occurred at <b>1:25 P.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>W. P. Glannon</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>University Club Bldg</b>				23c. DATE SIGNED <b>12-14-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 15, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>DEC 14 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Laster</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>				ADDRESS <b>4228 S. Kingshighway Bl.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Signed:.....  
Student Embalmer

Student Embalmer No.....  
Signed..... *Edwin A M Hermann*

Licensed Embalmer No..... *3024*

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.